



MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATE APPLICATION

GENERAL INFORMATION

Dispensary's Legal Name:			
Dispensary's Proposed Physical Address*: <i>*This must be an Arizona address and cannot be a P.O. Box.</i>			CHAA #:
City:	County:	State:	Zip Code:

APPLYING ENTITY INFORMATION

Applying Entity's Name:			
Business Organization: Individual <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Assoc./Coop. <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: <input type="checkbox"/>			
Telephone #:	E-mail Address*: <i>*This e-mail address must be valid as it will be used for all notifications regarding the status of this application.</i>		
Mailing Address*: <i>*This must be an Arizona address.</i>			
City:	County:	State:	Zip Code:

MEDICAL DIRECTOR INFORMATION

Last Name:	First Name:	MI:
License #:	License Type: MD <input type="checkbox"/> DO <input type="checkbox"/> NMD <input type="checkbox"/> MD(H) <input type="checkbox"/>	

DESIGNEE INFORMATION

List the name of the individual designated to submit dispensary agent registry ID card applications on behalf of the dispensary.

Last Name:	First Name:	MI:
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DISPENSARY PRINCIPAL OFFICER (PO) AND BOARD MEMBER (BM) NAME(S)

For each principal officer and board member listed below, please fill out a corresponding Dispensary Principal Officers and Board Members Information Form.

Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>



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SUPPLEMENTAL REQUESTS

Does the applicant agree to allow the Arizona Department of Health Services (ADHS) to submit supplemental requests for information? YES NO

EVALUATION CRITERIA

Does any individual have a 20% or more interest in the dispensary who is not the applicant or a principal officer or board member of the dispensary? YES NO

Has the applicant submitted documentation from an in-state or out-of-state financial institution, dated within 30 days before the date of the dispensary registration certificate application, so as to demonstrate that the entity or principal officer of the entity has \$150,000 under their control and available to begin operations of the dispensary? YES NO

If yes, what type of financial institution is the documentation from? (check all that apply)

In-State: State/Federal Bank Savings Bank Savings & Loan Assoc. Holding Company

Out-of-State: State/Federal Bank Savings Bank Savings & Loan Assoc. Holding Company

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing “medical” marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act (“Act”), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing “medical” marijuana.

If the applicant is issued a dispensary registration certificate, the applicant agrees to not operate the dispensary until the dispensary is inspected and the applicant obtains an approval to operate from ADHS.

I attest that the information provided to ADHS for this dispensary registration certificate application is true and correct.

_____	_____
Print Name	Title
_____	_____
Signature	Date Signed
_____	_____
Print Name	Title
_____	_____
Signature	Date Signed



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DISPENSARY PRINCIPAL OFFICERS AND BOARD MEMBERS INFORMATION FORMS

Provide the following information for each principal officer and board member listed above. Use as many sheets as needed.

Last Name:	First Name:	MI:	PO <input type="checkbox"/> BM <input type="checkbox"/>
Date of Birth:			
Residence Address*: <i>*This must be an Arizona address and cannot be a P.O. Box.</i>			
City:	County:	State:	Zip:
Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this individual a physician currently providing written certifications for qualifying patients? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this individual a law enforcement officer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this individual employed by or a contractor of ADHS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has a copy of this individuals signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has a copy of this this individuals fingerprints on a fingerprint card been submitted with this application? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
<i>If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?</i>			

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Date of Birth:			
Residence Address*: <i>*This must be an Arizona address and cannot be a P.O. Box.</i>			
City:	County:	State:	Zip:
Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this individual a physician currently providing written certifications for qualifying patients? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this individual a law enforcement officer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is this individual employed by or a contractor of ADHS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has a copy of this individuals signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has a copy of this this individuals fingerprints on a fingerprint card been submitted with this application? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
<i>If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?</i>			



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PROVIDE THE FOLLOWING DOCUMENTS WITH APPLICATION:

1. *If applicable*, a copy of documentation from an in-state or out-of-state financial institution, dated within 30 days before the date of the dispensary registration certification application, so as to demonstrate that the entity or principal officer of the entity has \$150,000 under their control and available to begin operations of the dispensary.
2. *If applicable*, a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, including the name of the business organization, the type of business organization, and the names and titles of the individuals in R9-17-301.
3. A copy of each principal officers or board members' signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation form.
4. A copy of each principal officers or board members' fingerprints on a fingerprint card, including information required in R9-17-304.

If a principal officer or board member has been issued a registry identification card as a designated caregiver or dispensary agent in the previous six months, provide the registry identification number of the registry identification card issued as requested on Dispensary Principal Officers and Board Members Information sheet.

5. Copies of policies and procedures that comply with requirements in A.A.C. Title 9, Chapter 17, for inventory control, qualifying patient recordkeeping, security, and patient education and support.
6. A sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with local zoning restrictions.
7. A copy of documentation from local jurisdiction that there are no local zoning restrictions for the dispensary's location, or if local zoning restriction apply, the dispensary's location is in compliance with all local zoning restrictions.
8. A copy of documentation of ownership of the physical address of the proposed dispensary or permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the proposed physical location.
9. A copy of the dispensary's by-laws, including information required in R9-17-304.
10. A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis, including information required in R9-17-304.
11. \$5,000.00 application fee as per R9-17-102.*
**Only cashier's checks and money orders (made payable to "Arizona Department of Health Services") will be accepted.*

NOTE: Confidential and time sensitive information will be sent to the applicant's e-mail address provided in this application. Failure to respond to e-mails may result in your application being withdrawn or denied. It is the applicant's responsibility to add AZDispensaryRegistry@azdhs.gov to their list of safe senders to avoid having messages sent to their junk e-mail folder. Instructions on how to add an e-mail address to your list of safe senders can be found in your e-mail provider's documentation. Do not respond to or send any e-mails to AZDispensaryRegistry@azdhs.gov, it is an automated system.